

Recommendations from the Study Commission on Aging

Revised and Approved 1/25/11

Recommendation 1: Maintain HCCBG Funding

The Study Commission on Aging recommends that the General Assembly and the Governor maintain prior Home and Community Care Block Grant (HCCBG) funding levels during FY 2011-12 and FY 2012-13.

Recommendation 2: Maintain Funding for Project C.A.R.E., Senior Centers, and Adult Protective Services

The Study Commission on Aging recommends that the General Assembly and the Governor maintain prior funding levels during FY 2011-12 and FY 2012-13 for Project C.A.R.E, Senior Centers, and Adult Protective Services.

Recommendation 3: Baby Boomer Preparation

The Study Commission on Aging recommends that the General Assembly amend S.L. 2009-407 to extend for five years the annual reporting on issues the State needs to address in preparation for the aging baby boomer generation.

Recommendation 4: Nurse Aide Training

The Study Commission on Aging recommends that the Department of Health and Human Services continue efforts to transition the nurse aide curriculum and training from task performance to patient-focused care in order to clarify the relationship between tasks and patient care. The Study Commission on Aging also recommends the Department of Health and Human Services strengthen both initial training and training in response to G.S. 143B-139.5B to improve patient care and decrease the likelihood of serious or tragic consequences for patients.

Recommendation 5: Direct Care Worker Wage and Benefit Study

The Study Commission on Aging recommends that the General Assembly establish a study of wages and benefits paid to direct care workers, and methods to increase the direct care worker supply and retention, in order to meet the needs of aging baby boomers and individuals with disabilities.

Recommendation 6: Task Force on Fraud Against Older Adults

The Study Commission on Aging recommends that the General Assembly establish a task force to examine issues related to fraud against older adults which should include representatives of the Division of Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, Department of Justice; Banking Commission; NC Senior Consumer Fraud Task Force; NC Association of County Directors of Social Services; and other associations as approved by the Consumer Protection Division.

Recommendation 7: Co-Location Task Force - Adult Care Home to Independent Supported Housing

In response to recommendation 3.1 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services to study the Task Force recommendation to assess the feasibility and implementation timeline of a pilot program aimed at transitioning adult care home residents to independent community-based housing and to report on the results of the study.

Recommendation 8: Co-Location Task Force - Appropriation to Increase Housing Options

Consistent with recommendation 3.2 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly appropriate ten million dollars (\$10,000,000) in additional funding in FY 2011-12 and FY 2012-13 to the North Carolina Housing Finance Agency for the North Carolina Housing Trust Fund to increase housing options, especially those options available to individuals with disabilities.

Recommendation 9: Co-Location Task Force - Appropriation for Standardized Preadmission Screening, Assessment, and Care Planning

Consistent with recommendation 4.1 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly appropriate nine hundred thousand dollars (\$900,000) in recurring funds for FY 2011-12 and FY 2012-13, two hundred twenty-eight thousand dollars (\$228,000) in non-recurring funds in FY 2011-12, and two hundred five thousand dollars (\$205,000) in non-recurring funds in FY 2012-13, to the Department of Health and Human Services, to support implementation of a standardized preadmission screening, assessment, and care planning process for each individual in an adult care home or facility licensed under Chapter 122C of the General Statutes.

Recommendation 10: Co-Location Task Force - Adult Care Home Direct Care Worker Training

In response to recommendation 5.1 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly direct the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Department of Health and Human Services, to establish a pilot training program using Geriatric/Adult Mental Health Specialty Teams to conduct training in adult care homes on preventing the escalation of behaviors leading to crisis and to report on the pilot.

In response to recommendation 5.2 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly direct the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Department of Health and Human Services, to coordinate a pilot program to evaluate the effectiveness of crisis intervention training in a limited number of adult care homes and a report on the pilot.

Recommendation 11: Co-Location Task Force - Support

The Study Commission on Aging supports the recommendations contained in the report from the Task Force on the Co-Location of Different Populations in Adult Care Homes and urges the designated entities to undertake these recommendations.

Recommendation 12: Extend the Task Force on Guidelines for Consumers with Hearing Loss

The Study Commission on Aging recommends that the General Assembly amend S.L. 2010-121, to extend the work to develop guidelines for consumers seeking information and assistance in the treatment of hearing loss and the purchase of a hearing aid.

Background on Draft Recommendations from the Study Commission on Aging

Proposed Changes

Recommendation 1: Maintain HCCBG Funding

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The Study Commission on Aging recommends that the General Assembly and the Governor maintain prior Home and Community Care Block Grant (HCCBG) funding levels during FY 2011-12 and FY 2012-13.

Background 1: Maintain HCCBG Funding

During the January 13, 2011 meeting, Dennis Streets, Director, Division of Aging and Adult Services, gave an update on services provided under the Home and Community Care Block Grant (HCCBG). Mr. Streets reminded members that there was a \$2,200,000 reduction in the State funds appropriated for FY 10-11 due to a required departmental budget reduction in response to the budget crisis. This budget reduction has been compounded by increased costs per unit. The result is a 16.5% decrease in the total service units and a 9.7% decrease in the number of clients served. Unfortunately, the current wait list for services funded by the HCCBG is estimated between 16,000-17,000 individuals. The top two services requested are in-home aides and home delivered meals.

The HCCBG, established by G.S.143B-181.1(a)(11), includes federal funds, State funds, local funds (required local match), and a consumer contribution component (client cost sharing). It gives counties discretion, flexibility, and authority in determining services, service levels, and service providers; and streamlines and simplifies the administration of services. The focus of the HCCBG is to support the frail elderly that are cared for at home; improve and maintain the physical and mental health of older adults; assist older adults and their caregivers with accessing services and information; provide relief to family caregivers so that they can continue their caregiving; and allow older adults to remain actively engaged with their communities.

With input from older adults, County Commissioners approve an annual funding plan that defines services to be provided, the funding levels for these services, and the community service agencies to provide these services. Counties can select from among 18 eligible services including: Adult Day Care, Adult Day Health Care, Care Management, Congregate Nutrition, Group Respite, Health Promotion and Disease Prevention, Health Screening, Home Delivered Meals, Housing and Home Improvement, Information and Assistance, In-Home Aide, Institutional Respite Care, Mental Health Counseling, Senior Center Operations, Senior Companion, Skilled Home (Health) Care, Transportation, and Volunteer Program Development. Counties decide which services to provide, however congregate nutrition and home-delivered meals are provided in almost every county under the HCCBG.

Any person age 60 and older is eligible for services under the HCCBG. However, the HCCBG program places an emphasis on reaching those most in need of services because the Older Americans Act (OAA) gives priority to serving the "socially and economically needy" and focuses particular attention on the low income minority elderly and on older individuals residing in rural areas. Additionally, the OAA calls for reaching out to older individuals with severe disabilities, limited English-speaking ability, and Alzheimer's disease or related disorders (and caregivers of these individuals).

According to the Division of Aging and Adult Services, FY 2010-11 funding sources for the HCCBG are as follows: \$22,532,940 (36.21%) Federal Older Americans Act, \$1,834,077 (2.95%) Federal Social Services Block Grant, \$29,522,308 (47.44%) State Appropriations*, \$5,987,199 (9.62%) Required Local Match, \$2,356,600 (3.79%) Client Cost Sharing. (*The State Appropriations reflect a \$2,200,000 non-recurring SFY 10-11 departmental budget reduction.)

Although the lengthening waiting lists for services and the increasing numbers of older adults support increased funding, the Study Commission on Aging recognizes the budget challenge facing the State and recommends that the General Assembly and the Governor maintain prior Home and Community Care Block Grant (HCCBG) funding levels during FY 2011-12 and FY 2012-13.

Recommendation 2: Maintain Funding for Project C.A.R.E., Senior Centers, and Adult Protective Services

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The Study Commission on Aging recommends that the General Assembly and the Governor maintain prior funding levels during FY 2011-12 and FY 2012-13 for Project C.A.R.E., Senior Centers, and Adult Protective Services.

Background 2: Maintain Funding for Project C.A.R.E., Senior Centers, and Adult Protective Services

During the January 13, 2011 meeting, the Commission heard a presentation from Dennis Streets, Director, Division of Aging and Adult Services, DHHS on Project C.A.R.E. (Caregiver Alternatives to Running on Empty). Pursuant to S.L. 2010-31, Section 10.35B, Mr. Streets presented information on the plan to use the \$200,000 in recurring funds to support Alzheimer's related activities and Project C.A.R.E. Project C.A.R.E. supports caregivers of individuals with dementia. The following services are available: in-home needs assessments; counseling; information; assistance finding and selecting respite; funds for in-home personal care, adult day services, and respite; training and educational resources; and connections with Area Agencies on Aging and Alzheimer's Association Chapters. Research has shown the toll that caregiving takes on the caregiver. Programs like Project C.A.R.E. support caregivers, which in turn support the wishes of older adults who desire to remain in their homes. Project C.A.R.E. has received national recognition as a model for caregiver support.

There are 162 Senior Centers located in 97 North Carolina counties. (Gates, Henderson, and Hoke counties do not have Senior Centers.) Of the 162 Senior Centers, 71 are Centers of Excellence and 6 are Centers of Merit. The top two primary funding sources for Senior Centers are the Home and Community Care Block Grant (HCCBG) and the local government. State General Purpose funds are the 3rd largest source of funding. In Fiscal Year 2009-10, the State appropriation was \$1.27 million with 162 centers receiving funds ranging from \$4,218 to \$12,653 based on certification status. Over the past five years, there has been a \$300,000 decrease in State support and the required local match has increased from 10% to 25%. Approximately two-thirds of the Senior Centers charge fees for some programs and one-half offer scholarships to programs that charge fees.

Article 6, Chapter 108A, of the General Statutes contains the laws on protection of abused, neglected, or exploited disabled adults. G.S. 108A-101(n) defines protective services as services provided by the State or other government or private organizations or individuals which are necessary to protect the disabled adult from abuse, neglect, or exploitation. The General Assembly established the State Adult Protective Services (APS) Fund in 1999, recognizing the need for additional resources to assist county departments of social services in carrying out the important statutorily mandated service required by Article 6, Chapter 108A. The two million dollar (\$2,000,000) State appropriation has remained unchanged since 1992, and currently supports about 31 Full Time Equivalent (FTE) APS social work positions in 52 counties. This funding is the only source of State support for adult protective services and is essential to county Departments of Social Services (DSSs) in their efforts to protect vulnerable adults, especially as the number of APS reports continues to grow. Statewide, county DSSs received 18,378 APS reports in FY 2009-10. APS reports have increased an average of 9% per year over the past four years, including many first-time reports.

The Study Commission on Aging recognizes the importance of Project C.A.R.E., Senior Centers, and Adult Protective Services as programs that keep older adults in their communities and keep them safe. Therefore the Commission recommends that the General Assembly and the Governor maintain prior Project C.A.R.E., Senior Center, and Adult Protective Services funding levels during FY 2011-12 and FY 2012-13.

Recommendation 3: Baby Boomer Preparation

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The Study Commission on Aging recommends that the General Assembly amend S.L. 2009-407 to extend for five years the annual reporting on issues the State needs to address in preparation for the aging baby boomer generation.

Background 3: Baby Boomer Preparation

On January 13, 2011, the Study Commission on Aging heard a presentation by Dennis Streets on the actions taken in response to S.L. 2009-407 (SB 195). S.L. 2009-407, effective August 5, 2009, directed the University of North Carolina Institute on Aging and the Division of Aging and Adult Services, Department of Health and Human Services, to take a leadership role in helping North Carolina prepare for the increased numbers of older adults due to the aging of the baby boomer generation and the influx of elderly retirees to the State. The law requires: 1) identifying and prioritizing issues for the State to address; 2) sharing information on fostering retiree and volunteer involvement toward addressing the needs increased numbers of older adults; and 3) sharing models of local planning efforts to assist municipalities in addressing accessibility and service delivery for increasing numbers of older adults.

On March 30, 2010, Governor Perdue signed Executive Order 54 to require a serious examination of the State's readiness to meet the opportunities and challenges of the State's older adult population. <http://www.governor.state.nc.us/NewsItems/ExecutiveOrderDetail.aspx?newsItemID=1013>.

Mr. Streets reported on the efforts undertaken which include: an assessment of the State's readiness for an aging population; regional roundtables; and the Governor's Conference on Aging. The assessment included State agencies, the Board of Governors of the UNC System, the State Board of Community Colleges, and the State Board of Education. The regional roundtables were held across the State to identify critical issues requiring policy and programmatic responses. More than 600 individuals participated and each roundtable focused on a different major area relevant to older adults and their families and communities. Areas included: health and aging, economics of aging, access and choice in services and supports, life engagement and contributions, homes and neighborhoods, and safe communities. The full report can be found at: http://www.aging.unc.edu/service/preparing/PolicyRoundtableSummary_full.pdf. An Executive Summary can be found at:

http://www.aging.unc.edu/service/preparing/PolicyRoundtableSummary_exec.pdf.

The Governor's Conference on Aging took place October 13-15, 2010 and presented an opportunity to share information from the State's readiness assessment and the regional roundtables. Information shared and gathered during the Conference will guide the *State Aging Plan* for 2011-15.

The Commission is excited by the involvement of so many individuals working to identify issues that North Carolina must address to ensure safe, healthy, productive, and engaging environments for older adults. S.L. 2009-407 required progress reports to the Governor and the North Carolina Study Commission on Aging on or before March 1, 2010 and November 1, 2010. Because the work to help North Carolina prepare for increased numbers of older adults has only just begun, the Study Commission on Aging recommends that the General Assembly amend S.L. 2009-407 to extend for five years the annual reporting on issues the State needs to address in preparation for the aging baby boomer generation by enacting 2011-SHz-3. The extension will also coincide with the time period covered by the *State Aging Plan*.

Recommendation 4: Nurse Aide Training

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The Study Commission on Aging recommends that the Department of Health and Human Services continue efforts to transition the nurse aide curriculum and training from task performance to patient-focused care in order to clarify the relationship between tasks and patient care. The Study Commission on Aging also recommends the Department of Health and Human Services strengthen both initial training and training in response to G.S. 143B-139.5B to improve patient care and decrease the likelihood of serious or tragic consequences for patients.

Background 4: Nurse Aide Training

On January 13, 2011, the Study Commission on Aging heard a presentation on nurse aide training by Jesse Goodman, Division of Health Service Regulation, Department of Health and Human Services. S.L. 2010-69 required the Division of Health Service Regulation to coordinate a review of the education and training requirements for nurse aides. In conducting the review, the Division was required to include an equal number of representatives from the Division of Health Service Regulation; Division of Aging and Adult Services; the North Carolina Board of Nursing; the North Carolina Community College System; the Direct Care Workers Association of North Carolina; the North Carolina Medical Society; the North Carolina Health Care Facilities Association; the North Carolina Hospital Association; the Association for Home and Hospice Care of North Carolina; the North Carolina Assisted Living Association; the North Carolina Association of Long Term Care Facilities; the North Carolina Association of Non-Profit Homes for the Aging; and individuals representing residents in long-term care.

The report presented by Mr. Goodman included three recommendations. The two following recommendations were related to training: 1) continue efforts to update the Nurse Aide I curriculum to reflect a move in training focus from task performance to more patient centered care, and to 2) utilize the Personal and Home Care Aide State Training grant to facilitate the development and assessment of additional training to address specific needs of other populations being served by direct care workers.

Training was also a possible factor in recent tragedies involving adult care home residents. The incidents involved blood glucose monitoring and precautions to prevent the spread of hepatitis B. In response to this situation, the Division of Health Service Regulation plans to address infection control processes during spring training scheduled pursuant G.S. 143B-139.5B.

§ 143B-139.5B. Department of Health and Human Services – provision for joint training.

The Department of Health and Human Services shall offer joint training of Division of Health Service Regulation consultants, county DSS adult home specialists, and adult care home providers. The training shall be offered no fewer than two times per year, and subject matter of the training should be based on one or more of the 10 deficiencies cited most frequently in the State during the immediately preceding calendar year. The joint training shall be designed to reduce inconsistencies experienced by providers in the survey process, to increase objectivity by DHSR consultants and DSS specialists in conducting surveys, and to promote a higher degree of understanding between facility staff and DHSR consultants and DSS specialists in what is expected during the survey process.

The Study Commission on Aging recommends that the Department of Health and Human Services continue efforts to transition the nurse aide curriculum and training from task performance to patient-focused care in order to clarify the relationship between tasks and patient care. Strengthening both initial training and training in response to G.S. 143B-139.5B will improve patient care and decrease the likelihood of serious or tragic consequences for patients.

Recommendation 5: Direct Care Worker Wage and Benefit Study

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The Study Commission on Aging recommends that the General Assembly establish a study of wages and benefits paid to direct care workers, and methods to increase the direct care worker supply and retention, in order to meet the needs of aging baby boomers and individuals with disabilities.

Background 5: Direct Care Worker Wage and Benefit Study

On January 13, 2011, the Study Commission on Aging heard a presentation by Jesse Goodman, Division of Health Service Regulation, Department of Health and Human Services, on S.L. 2010-69 which required the Division of Health Service Regulation to coordinate a review of the education and training requirements for nurse aides. The third recommendation contained in the report on S.L. 2010-69 was for the General Assembly to consider the establishment of a study focusing on wages and benefits paid to direct care workers. In addition to a study on the wages and benefits, the report recommended studying possible improvements to the State's Medicaid and State/County Special Assistance payment policies that reward providers who achieve NC NOVA special licensure status.

In the past, the Commission has shown support for direct care workers and for NC NOVA (North Carolina New Organizational Vision Award) designation. NC NOVA is a special State license awarded to home care agencies, adult care homes, and nursing facilities that meet workplace standards more rigorous than minimum licensure requirements in an effort to support their direct care workers on the job. Employers voluntarily invest in their direct care workers by focusing on improving the workplace. NC NOVA was created in order to help attract a sufficient number of quality direct care workers to meet current and future demand and is the first program of its kind in the country.

The Study Commission on Aging recommends that the General Assembly establish a study of wages and benefits paid to direct care workers, and methods to increase the direct care worker supply and retention, in order to meet the needs of aging baby boomers and individuals with disabilities by enacting 2011-SHz-4.

Recommendation 6: Task Force on Fraud Against Older Adults

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The Study Commission on Aging recommends that the General Assembly establish a task force to examine issues related to fraud against older adults which should include representatives of the Division of Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, Department of Justice; Banking Commission; NC Senior Consumer Fraud Task Force; NC Association of County Directors of Social Services; and other associations as approved by the Consumer Protection Division.

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Ran Coble, Director, NC Center for Public Policy Research, spoke to the Study Commission on Aging during the meeting on January 13, 2011. Mr. Coble shared that: North Carolina ranks 24th among the 50 states in the number of fraud complaints per capita and 21st in the number of identity theft complaints per capita. He also discussed the percentage of identity theft complaints and fraud complaints for individuals over 50 years of age.

The NC Center for Public Policy Research made the four recommendations below aimed at preventing and reducing fraud committed against older adults.

- The Center recommends that the General Assembly clarify and strengthen the laws to support a broader system of protection for older adults for abuse and fraud.
- The Center recommends that the legislature require reporting on the statewide incidence and prevalence of fraud and mistreatment of older adults.
- The Center recommends that the General Assembly establish a study commission to examine how the N.C. Commissioner of Banks, the financial management industry, and law enforcement agencies can partner to prevent fraud against older adults.
- The Center recommends that the legislature give the state Attorney General the authority to initiate prosecutions for fraud against older adults.

The Study Commission on Aging is concerned about fraud against older adults and recommends that the General Assembly establish a task force to examine issues related to fraud against older adults which should include representatives of the Division of Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, Department of Justice; Banking Commission; NC Senior Consumer Fraud Task Force; NC Association of County Directors of Social Services; and other associations as approved by the Consumer Protection Division by enacting 2011-SHz-2. This task force should evaluate and research the four recommendations from the NC Center for Public Policy Research and report recommendations back to the Commission.

Recommendations 7, 8, 9, 10, 11: Co-Location Task Force Recommendations

Recommendation 7: Co-Location Task Force - Adult Care Home to Independent Supported Housing

In response to recommendation 3.1 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services to study the Task Force recommendation to assess the feasibility and implementation timeline of a pilot program aimed at transitioning adult care home residents to independent community-based housing and to report on the results of the study.

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Consistent with recommendation 3.2 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly appropriate ten million dollars (\$10,000,000) in additional funding in FY 2011-12 and FY 2012-13 to the North Carolina Housing Finance Agency for the North Carolina Housing Trust Fund to increase housing options, especially those options available to individuals with disabilities.

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In response to recommendation 5.2 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly direct the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Department of Health and Human Services, to coordinate a pilot program to evaluate the effectiveness of crisis intervention training in a limited number of adult care homes and a report on the pilot.

Recommendation 11: Co-Location Task Force - Support

The Study Commission on Aging supports the recommendations contained in the report from the Task Force on the Co-Location of Different Populations in Adult Care Homes and urges the designated entities to undertake these recommendations.

Background 7, 8, 9, 10, 11: Co-Location Task Force Recommendations

The State has struggled to provide appropriate levels of community support, care, and housing to individuals with mental illness. The Study Commission on Aging has heard numerous presentations related to the issue of whether an adult care home is an appropriate housing and care option for individuals with a primary diagnosis of mental illness and for the frail elderly residents traditionally residing in adult care homes. In 2008, the Commission made a recommendation to support screening residents prior to adult care home admission followed by a more thorough assessment and care plan development. In 2008, the Commission requested a report on the most appropriate and cost effective way to provide training for adult care home direct care workers on the care of individuals with mental illness. The

Commission has also required studies and heard reports on appropriate adult care home staff training levels for those staff caring for residents with a mental illness. In 2004 and 2007, the Commission recommended additional funding for housing for individuals with a mental illness.

S.L. 2009-451, Section 10.78ff(3), required the NC Institute of Medicine (IOM) to study short-term and long-term strategies to address issues within adult care homes that provide residence to persons who are frail and elderly and to persons suffering from mental illness. The IOM was required to make an interim report to the Governor's Office, the Joint Legislative Health Care Oversight Committee, and the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services no later than January 15, 2010. The report was to include recommendations and proposed legislation, and a final report with findings, recommendations, and suggested legislation was to be issued to the 2011 General Assembly upon its convening. The NCIOM Task Force on the Co-Location of Different Populations in Adult Care Homes met and released a report in January 2011. The report contains nine recommendations. Task Force recommendations mentioned above (3.1, 3.2, 4.1, 5.1, and 5.2) represent some of the nine recommendations.

The Study Commission on Aging has a history of supporting many of the recommendations identified in the report of the NCIOM Task Force on the Co-Location of Different Populations in Adult Care Homes. The Commission makes specific recommendations in response to Task Force recommendations 3.1, 3.2, 4.1, 5.1, and 5.2. by recommending the General Assembly enact 2011-SHz-8, 2011-SHz-5, 2011-SHz-1, 2011-SHz-6B, 2011-SHz-9, and urging other designated entities to undertake the remaining recommendations.

Recommendation 12: Extend the Task Force on Guidelines for Consumers with Hearing Loss

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The Study Commission on Aging recommends that the General Assembly amend S.L. 2010-121, to extend the work to develop guidelines for consumers seeking information and assistance in the treatment of hearing loss and the purchase of a hearing aid.

Background 12: Extend the Task Force on Guidelines for Consumers with Hearing Loss

During the meeting on January 25, 2011, the Study Commission on Aging heard a presentation of the report in response to S.L. 2010-121.

The report from the task force contained four recommendations:

- Develop a public education campaign, including the development of brochures for people affected with hearing loss.
- Continue the task force for one more year to further address the needs of people with hearing loss.
- Work with organizations across the State to protect the citizens of North Carolina and address the issue of purchasing of hearing aids through the internet from those not licensed to do business in the State of North Carolina and from whom face-to-face services cannot be provided to a North Carolina resident.
- Investigate and make recommendations to the General Assembly regarding the provision of financial assistance for the purchase of hearing aids to North Carolina residents with hearing loss.

The Study Commission on Aging appreciates the work of the task force and supports their request for continuation by recommending that the General Assembly amend S.L. 2010-121 to extend the task force and provide another reporting opportunity through the enactment of 2011-SHz-7.